PAYENT APPLICATION FEE DETERMINATION RECORD  Effective December 8, 2004  / 0626007													
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1													R THAN ENTITY
Ţ	OTAL CLAIM	s ·					]	RATE	F	EE	]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		卜	BASIC FEE 150.00		i0.00	OR	BASIC FE	300.00
T	OTAL CHARGE	ABLE CLAIMS	, m	minus 20=		•		X\$ 25=		•	OR	X\$50=	
IN	DÉPENDENT (	CLAIMS	minus 3 =					X100=		$\overline{}$	OR	X200=	
M	ATIPLE DEPE	NDENT CLAIM P	RESENT					+180=			OR	+360=	
* If the difference in column 1 is less than zero, enter *0 in column 2							1	TOTAL	4_		OR	TOTAL	<del> </del>
/ / PLAIMS AS AMENDED - PART II										•••••	THAN		
3	123/01	(Column 2) (Column 3)			ι.	SMALI	ENT	117	OF		ENTITY		
EMTA		CLAIMS REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	ER USLY	PRESENT		PATE	πο	DI- NAI/ EE/		RATE	ADDI- TIONAL FEE
MENDMENT	Total	. 35	Minus	۷ ۷	15	-1		X\$ 25;=			OR	X\$50=	
	Independent	• 2	Minus		4	-0	ti	X100=	V		OR	X200=	
Ļ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+180=			OR	+380=	
										$\dashv$	00	TOTAL	· · · · · ·
•	11/9/06 (Column 1) (Column 2) (Column 3)							DDIT. FEE					
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	AD TIQU	VAL		RATE	ADDI- TIONAL FEE
AMENDMENT 8	Total	.21	Minus	-35	>	-0	lſ	X\$ 25=	X		OR	X\$50=	`. •
	Independent.	• 1	Minus	4		• <u>()</u>		X100#		abla I	OR	X200=	
لبنا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+150=		4	OR	+360=	
	•	. •			•			TOTAL	-	$\mathcal{H}$	20 L	TOTAL	·
ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3).													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOU PAID FO	SY: R ISLY	PRESENT EXTRA		RATE .	ADE TION FE	IAL		RATE	ADDI- TIONAL FEE
200	Total	•	Miņus					X\$ 25=			DR	X\$50=	
	Independent	•	Minus'	****		8 .	-	X100=		7	<b>-</b>	X200=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											Ī		<del></del> -
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.													
	the "Highest Nur the "Highest Nur	mber Previously Pai mber Previously Pa	id For IN THIS id For IN THIS	S SPACE IS A S SPACE IN A	ess than	20, anter "20."	-	TOTAL ODIT. FEE	L			DOIT. FEEL	
. r	na "Indust Vru	ber Previously Paid	For (Total or	Independent	is the i	highest number	r founi	d in the ep	propriat	le box i	in colu	mn.1.	

VARI Office, U.S. DEPARTMENT OF CON